



DEPARTMENT OF INSURANCE
STATE OF ARIZONA
Financial Affairs Division - Compliance Section
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Phone: (602) 364-3998
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**ANNUAL STATEMENT WORKSHEET FOR FOREIGN AND ALIEN
INSURERS and ACCREDITED REINSURERS**

Not applicable to Foreign/Alien Risk Retention Groups or Insurers filing Health Annual Statement

THIS WORKSHEET AND THE ANNUAL STATEMENT ARE DUE MARCH 1

ENTER THE CALENDAR YEAR FOR THIS ANNUAL STATEMENT WORKSHEET: _____

COMPANY: _____ NAIC#: _____ DOMICILE: _____

CHECK ONE TYPE:

- | | |
|--|--|
| <input type="checkbox"/> Life and/or Disability Insurer* | <input type="checkbox"/> Fraternal Benefit Society |
| <input type="checkbox"/> Property and/or Casualty Insurer* | <input type="checkbox"/> Prepaid Legal Insurer (only) |
| <input type="checkbox"/> Mortgage Guaranty Insurer (only) | <input type="checkbox"/> Accredited Life/Disability Reinsurer* |
| <input type="checkbox"/> Title Insurer | <input type="checkbox"/> Accredited Property/Casualty Reinsurer* |

***NOTE: Insurers filing the Health Annual Statement must use Form E-WORKSHEET.HEALTH
Qualified Reinsurer Trust and Qualified Reinsurer based on Surplus must use Form E-QRT.AS.**

**SECTION I: REQUIREMENTS APPLICABLE TO ALL COMPANY TYPES LISTED ABOVE. INITIAL AT LEFT OF EACH
ITEM COMPLETED AND ENCLOSED**

Initial if Completed
And Enclosed
↓ ↓ ↓

AGENCY
Use Only
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- _____ A. Annual Statement – 8-1/2" X 14" (Securely Bound in two-sided book form)
(See Section II for Annual Statement jacket color applicable to each company type)

MUST INCLUDE THE FOLLOWING TO BE COMPLETE:

- _____ 1. Jurat Page
_____ a. TWO Executive Officer Signatures (Signers Names **Must** be listed on Jurat Page)
_____ b. Notary signature and stamp or seal
_____ 2. **Actuarial Opinion** NOTE: If Reserves = ZERO **MUST ENTER N/A in box** →
See Section III for exemption granted to Property/Casualty or Mortgage Guaranty insurer.

- _____ B. Management Discussion & Analysis **with** completed Transmittal Form E-MDA (due April 1)
(Transmittal form **MUST** be completed and affixed to report.)

- _____ C. If available, Audited Financial Report **with** completed Transmittal Form E-AFR (due June 1)
(Transmittal form **MUST** be completed and affixed to report.)

**SECTION II: NOT APPLICABLE TO ACCREDITED REINSURERS. ADDITIONAL REQUIREMENTS APPLICABLE TO ALL
OTHER COMPANY TYPES LISTED ABOVE. INITIAL AT LEFT OF EACH ITEM COMPLETED AND
ENCLOSED**

Initial if Completed
And Enclosed
↓ ↓ ↓

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- _____ D. Form E-178 Certificate of Disclosure
MUST INCLUDE THE FOLLOWING TO BE COMPLETE:

- _____ 1. Part A must be answered yes or no (If yes, must have attachment)

ARIZONA DEPARTMENT OF INSURANCE
ANNUAL STATEMENT WORKSHEET FOR ALL FOREIGN AND ALIEN
INSURERS and ACCREDITED REINSURERS

NAIC#: _____ COMPANY: _____ DOMICILE: _____

SECTION II, ITEM D - CERTIFICATE OF DISCLOSURE, continued

- _____ 2. Part B must be answered yes or no (If yes, must have attachment)..... ☐
- _____ 3. TWO Executive Officer Original Signatures (Signers Names **Must** be listed on Jurat Page) ☐
- _____ a. Notary signature and stamp or seal ☐
- _____ 4. **Title Insurers Only:** Part D must be answered yes or no ☐
- _____ E. Certificate of Compliance ☐
- _____ F. Certificate of Deposit..... ☐

SECTION III: NOT APPLICABLE TO ACCREDITED REINSURERS. ADDITIONAL REQUIREMENTS APPLICABLE TO EACH SPECIFIED COMPANY TYPE. INITIAL AT LEFT OF EACH ITEM COMPLETED AND ENCLOSED

Initial if
Enclosed
↓ ↓ ↓

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LIFE AND/OR DISABILITY INSURER (Annual Statement Blue Jacket):

- _____ G. Arizona State Page 25 ☐
- _____ H. Life Insurers Only: Certificate of Valuation (If Disability Insurer only enter N/A in box→ ☐ ☐

PROPERTY AND/OR CASUALTY INSURER (Annual Statement Yellow Jacket):

- _____ G. If applicable: Actuarial Opinion Exemption Affidavit & copy of Domiciliary Commissioner Approval _____
- _____ H. Arizona State Page 20 ☐
- _____ I. Form E-PC.INDINS ☐

MORTGAGE GUARANTY INSURER (Only) (Annual Statement Yellow Jacket):

- _____ G. If applicable: Actuarial Opinion Exemption Affidavit & copy of Domiciliary Commissioner Approval _____
- _____ H. Arizona State Page 20 ☐
- _____ I. Form E-MG.MPP Mortgage Guaranty Insurers Report of Policyholders Position ☐
- _____ J. Supplementary Schedule F-5 Unauthorized Reinsurance **MARKED "CONFIDENTIAL"**
(See instruction Form E-MG.CEDE) ☐

PREPAID LEGAL INSURER (Only) (Annual Statement Yellow Jacket):

- _____ G. Arizona State Page 20 ☐

TITLE INSURER (Annual Statement Salmon Jacket):

- _____ G. If applicable: Actuarial Opinion Exemption Affidavit & copy of Domiciliary Commissioner Approval _____

FRATERNAL BENEFIT SOCIETY (Annual Statement Brown Jacket):

- _____ G. Arizona State Page 24 ☐
- _____ H. Certificate of Valuation ☐

PREPARED BY: (must complete)

Name and Title Collect/Toll Free Phone Number E-MAIL address